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Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0687

2012

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

For calendar year 2012 or other tax year beginning _____, 2012, and ending _____, 20____. **See separate instructions.**

A Check box if address changed

B Exempt under section 501(c)(3) 408(e) 220(e) 408A 530(a) 529(a)

C Book value of all assets at end of year

F Group exemption number (see instructions) **G** Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

D Employer identification number (Employees' trust, see instructions.) **94-2898338**

E Unrelated business activity codes (see instructions.) **5311901**

Name of organization (Check box if name changed and see instructions.) **New Life Community Services Inc.**

Number, street, and room or suite no. If a P.O. box, see instructions. **707 Fair Avenue**

City or town, state, and ZIP code **Santa Cruz CA 95060**

H Describe the organization's primary unrelated business activity. **Rental RV spaces**

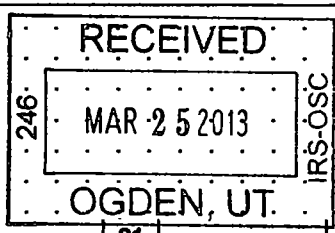
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **Cheryl Finch** Telephone number **(831) 427-1007**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances				
c Balance	1c			
2 Cost of goods sold (Schedule A, line 7)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4a Capital gain net income (attach Schedule D)	4a			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
Capital loss deduction for trusts	4c			
Income (loss) from partnerships and S corporations (attach statement)	5			
Rent income (Schedule C)	6			
Unrelated debt-financed income (Schedule E)	7	72031	71005	1026
Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8			
Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
Exploited exempt activity income (Schedule I)	10			
Advertising income (Schedule J)	11			
Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	72031	71005	1026

Part II Deductions Not Taken Elsewhere (see instructions for limitations on deductions) (except for contributions, deductions must be directly connected with the unrelated business income)			
14 Compensation of officers, directors, and trustees (Schedule K)		14	
15 Salaries and wages		15	
16 Repairs and maintenance		16	
17 Bad debts		17	
18 Interest (attach statement)		18	
19 Taxes and licenses		19	
20 Charitable contributions (see instructions for limitation rules)		20	
21 Depreciation (attach Form 4562)		21	
22 Less depreciation claimed on Schedule A and elsewhere on return		22a	22b
23 Depletion		23	
24 Contributions to deferred compensation plans		24	
25 Employee benefit programs		25	
26 Excess exempt expenses (Schedule I)		26	
27 Excess readership costs (Schedule J)		27	
28 Other deductions (attach statement)		28	
29 Total deductions. Add lines 14 through 28		29	
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	1026
31 Net operating loss deduction (limited to the amount on line 30)		31	1026
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32	-0-
33 Specific deduction (generally \$1,000, but see line 33 instructions for exceptions)		33	
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34	-0-



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Part III Tax Computation

35	Organizations taxable as corporations (see instructions for tax computation). Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
c	Income tax on the amount on line 34		35c
36	Trusts taxable at trust rates (see instructions for tax computation). Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		36
37	Proxy tax (see instructions)		37
38	Alternative minimum tax		38
39	Total. Add lines 37 and 38 to line 35c or 36, whichever applies		39 - 0 -

Part IV Tax and Payments

40a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a	
b	Other credits (see instructions)	40b	
c	General business credit. Attach Form 3800 (see instructions)	40c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	40d	
e	Total credits. Add lines 40a through 40d	40e	
41	Subtract line 40e from line 39	41	
42	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	42	
43	Total tax. Add lines 41 and 42	43	
44a	Payments: A 2011 overpayment credited to 2012	44a	
b	2012 estimated tax payments	44b	
c	Tax deposited with Form 8868	44c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	44d	
e	Backup withholding (see instructions)	44e	
f	Credit for small employer health insurance premiums (Attach Form 8941)	44f	
g	Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	44g	
45	Total payments. Add lines 44a through 44g	45	- 0 -
46	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	46	
47	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47	- 0 -
48	Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48	
49	Enter the amount of line 48 you want: Credited to 2013 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	49	- 0 -

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1	At any time during the 2012 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> \$ 0.		

Schedule A—Cost of Goods Sold. Enter method of inventory valuation

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	- 0 -
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a	Additional section 263A costs (attach statement)	4a					X
b	Other costs (attach statement)	4b					
5	Total. Add lines 1 through 4b	5	- 0 -				

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here *[Signature]* **Date** 13/18/13 **Title** Board President

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach statement)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶

Schedule E—Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach statement)	(b) Other deductions (attach statement) (Stat. 1)
(1)	Beach BV Park	136993	24627	110415
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	5. Average adjusted basis of or allocable to debt-financed property (attach statement)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)	420128	799097	52.58 %	72031
(2)			%	
(3)			%	
(4)			%	
Totals			72031	71005

Totals

Total dividends-received deductions included in column 8

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	

Totals

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.

Schedule J—Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I						
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.

Schedule K—Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			

Newlife Community Services Inc.

12-31-12

Statement (1)

94-2898338

Other Deductions

Amount of Avg. Debt

Bank charges	\$ 134	Jan 1 2012	\$ 440287
Abandoned asset	191	Feb 1	439536
Amortization	481	Mar 1	438031
Dues & subscriptions	168	Apr 1	434029
Facility maintenance	750	May 1	432989
Insurance	6706	June 1	426743
Insurance - employee	3346	July 1	425243
Interest expense	29185	Aug 1	424071
Office supplies	172	Sept 1	423055
Salaries & wages	27100	Oct 1	403684
Taxes & licenses	11426	Nov 1	377526
Taxes on payroll	2651	Dec 1	<u>376339</u>
Miscellaneous	29		\$ 5041533
Telephone	1170		÷ 12 mos.
Utilities	<u>26906</u>	Aug. Acquisition Debt	\$ <u>420128</u>
	\$ <u>110415</u>		

Average Adjusted Basis

Adjusted basis of property 1-1-12 \$ 810315

Adjusted basis of property 12-31-12 787878

\$ 1598193

÷ 2

Average Adjusted Basis

\$ 799097

NewLife Community Services, Inc.

94-2898338

Statement (2)

12-31-12

N.O.L. Carry over

N.O.L. from 12-31-06	* <52853>
Amt. used 12-31-12	<u>1026</u>
Carryover unused	* <51827>
N.O.L. from 12-31-07	<18871>
N.O.L. from 12-31-08	<10030>
N.O.L. from 12-3-09	<2238>
N.O.L. from 12-31-10	<7919>
N.O.L. from 12-31-11	< <u>6188</u> >
N.O.L. carry over	* < <u>97073</u> >

ALCS Inc.

DEPRECIATION NO.

EST NO Beach Rd

STATEMENT OF DEPRECIATION

PERIOD 12/31

EST NO	DESCRIPTION	DATE ACQUIRED	VALUATION	DEPRECIATION PERIOD	REMAINDER	REMARKS	EST NO	VALUATION	REMARKS
106	Buildings	1/08	2235	145794	SL	273	24099		
106	Land	2/06	250	0			0		
106	Computer	1/06	992	992			0		
106	Credit card machine	2/06	312	312			0		
106	Office improve.	2/06	1305	278	SL	275	47		
106	Carpet - office	2/06	2974	2974			0		
106	Office improve.	2/06	408	87	SL	275	15		
106	Piercing table + chair	2/06	958	958			0		
109	Computer monitor	1/09	168	168			0		
109	Printer / Fax	7/09	214	178	SL	3	36		
109	Power washer	8/09	328	82	SL	5	49		
112	Washer + dryer	8/09	13287	<1397	SL	7	145		
112	Power washer	9/12	358	0	SL	3	36		
			164197						
				151692			24627		